FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instru	_	Office use only
NAME OF COMMITTEE (in	(Check if name full) is changed)	e Example: If typying, type over the lines	12FE4M5
COUNTRYWIE	PE FINANCIAL CORPORAȚIOI	NPAC, , , , , , , , ,	
ADDRESS (number and	1717 Pennsylvan	ia Ave NW	
The South Control of the South	#625		
(Check if addr is changed)	Washington		DC 20006 _
		CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA	IL ADDRESS Countrywide.Com		
Sylvia_Fold@			
COMMITTEE'S WEB	PAGE ADDRESS (URL)		
COMMITTEE'S FAX N	NUMBER		
با لبنا			
2. DATE 1.0			
3. FEC IDENTIFICA	ATION NUMBER	C C00282731	
4. IS THIS STATEM	MENT NEW (N) O	R X AMENDED (A)	
I certify that I have exam	ined this Statement and to the best of my	knowledge and belief it is true, correc	t and complete
Type or Print Name of	Treasurer Gordon Mills		
Signature of Treasurer	. Electronically Filed by Gordo	n Mills	Date 10 23 Y 2006
NOTE: Submission of fa	•	n may subject the person signing this S	Statement to the penalties of 2 U.S.C. S437g. D WITHIN 10 DAYS
Office Use Only		For further information Federal Election Community Toll Free 800-424-953	nission FEC FORM 1

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5. TY	PE OF CO	MMITTEE (Check One)			
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)			
(b)	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
	ame of andidate				
	andidate arty Affiliation	Office Sought: House Senate President	State District		
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
	ame of andidate				
(d) (e)	X		(Democratic, Republican,etc.) Party.		
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee.	fund or party		
		Connected Organization or Affiliated Committee			
	1 1 1				
Ма	ailing Addres	1717 Pennsylvania Ave NW			
		#625			
		Washington DC DC	20006		
		CITY▲ STATE ▲	ZIP CODE		
Re	elationship	connected			
Тур	pe of Conne	ected Organization:			
X	Corpo	oration Corporation w/o Capital Stock Labor Organiz	ation		
	Mem	bership Organization Trade Association Cooperative			

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W	Vrite or Type Committ						
			IAL CORPORATION PAC				
7.			ntify by name, address, (phone num pooks and records.	nber optional), and p	oosition of th	ne person in	
	Full Name	Sylvia F	ord				
	Mailing Address 1717 Pennsylvania Ave NW						
			#625				
			Washington		DC _	20006 _	
	Title or Position ♥		CITY A	s	TATE▲	ZIP CODE	A
	C	ustodian (of Records	Telephone numbe	202 r	_ 293 	8550
3.			and address (phone number option designated agent (e.g., assistant tre		f the commi	ttee; and the	
	Mailing Address 1717 Pennsylva #625		1717 Pennsylvania A	ve NW			
			#625				
			Washington		DC _	20006 –	
	Title or Position ♥		CITY A	S	TATE▲	ZIP CODI	E ▲
	т	reasurer		Telephone numbe	202	974	1088
	Full Name of Designated Agent	Ditas Ka	atague				
	Mailing Address		1215 K Street				
	Ü		Suite 1900				
			Sacramento		CA	95819	
	Title or Position ♥		CITY A	s	ΓATE ▲	ZIP CODE	A

916

Telephone number

552

2377

Assistant Treasurer

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9.	Banks or Other Depositories:	List all banks or other depositories in which the committee deposits funds, holds accounts, re	ents
	safety deposit boxes or maintains f	runds.	

Name of Bank, Depository, etc.

